



**Division of Public Health (DPH) Testing Guidance for Long-Term Care Facilities
(Updated 09/20/21)**

Purpose: *Testing guidance for all Delaware Skilled and Intermediate Nursing Facilities (SNFs), Assisted Living Facilities (ALFs), and Rest Residential Facilities.*

Definitions & Acronym

PCR Test: molecular PCR, LAMP, CRISPR, or other Nucleic Acid Amplification Test that amplifies genetic material for the detection of SARS-CoV-2 (i.e. Curative Allinity m, Nasopharyngeal (NP), Oropharyngeal (OP), anterior nares swab)

POC Test: rapid antigen or PCR test that detects protein markers for the detection of SARS-CoV-2

TBP: Transmission-based precautions

LTC: Long-term care

CDC: Centers for Disease Control & Prevention

Facility staff: Employees, vendors, consultants, contractors, volunteers, and caregivers who provide care and services to residents, and students in a nurse aide training programs or from affiliated academic institutions

Fully vaccinated (against COVID-19) refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2 dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine, per the [CDC's Public Health Recommendations for Vaccinated Persons](#)

Unvaccinated refers to a person who does not fit the definition of "fully vaccinated," including people whose vaccination status is not known, for the purposes of this guidance

Considerations

- This testing guidance is a minimum standard. Facilities may opt for more stringent testing and mitigation protocols as deemed necessary.
- DPH may increase the need for routine testing among facility staff and/or residents as deemed necessary. Should this occur, it will be communicated to the facilities via email.
- Prior to their start date, all new staff, vendors and volunteers must be tested for COVID-19 within 7 days of their start date. Individuals who are within their 90-day recovery period from COVID-19 and those who are fully vaccinated against COVID-19 are exempt from this requirement.
- If an individual has previously tested COVID-19 positive and is **within** the 90-day recovery period, testing is **not** recommended*. If an individual has previously tested COVID-19 positive and is **beyond** the 90-day recovery period since the onset of symptoms (or if asymptomatic, test collection date), he or she **MUST** be placed back on the schedule for routine testing.



* [CDC currently recommends](#) that asymptomatic residents who have recovered and are within 3 months of a positive test for SARS-CoV-2 infection may not need to be quarantined or tested following re-exposure to someone with SARS-CoV-2 infection. However, there might be clinical scenarios in which the uncertainty about a prior infection or the durability of the immune response exist, for which providers could consider testing for SARS-CoV-2 and quarantine following exposure that occurs less than 3 months after their initial infection, Examples could include:

- Residents with underlying immunocompromising conditions (e.g., patient after organ transplantation) or who become immune compromised (e.g., receive chemotherapy) in the 3 months following SARS-CoV-2 infection and who might have an increased risk for reinfection. However, data on which specific conditions may lead to higher risk and the magnitude of risk are not available.
- Residents for whom there is concern that their initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result (e.g., resident was asymptomatic, [antigen test](#) positive, and a confirmatory nucleic acid amplification test (NAAT) was not performed).
- Residents for whom there is evidence that they were exposed to a [novel SARS-CoV-2 variant](#) (e.g., exposed to a person known to be infected with a novel variant) for which the risk of [reinfection](#) might be higher.
- Curative tests supplied from state resources may be used **at maximum** once every 7 days per individual.
- For detailed instructions on utilizing POC tests, see DPH [guidance](#).

There are four types of testing instructions described below:

- I. Routine testing of staff and residents
- II. Symptomatic testing of staff and residents
- III. Higher-risk exposure and residents who had close contact
- IV. Outbreak testing

I. ROUTINE Testing for Facility Staff

Routine testing for [fully vaccinated](#) staff is not required.

Routine testing of unvaccinated staff should be based on the extent of the virus in the community. Reports of COVID-19 level of community transmission are available on the CDC COVID-19 Integrated County View site: <https://covid.cdc.gov/covid-data-tracker/#county-view> .



Level of COVID-19 Community Transmission	Minimum Testing Frequency for Unvaccinated Staff	Test Options
Low (blue)	Not recommended	None
Moderate (yellow)	Once every 7 days	<ul style="list-style-type: none">• Curative• RT-PCR with commercial lab• RT-PCR at DPHL if agreement exists
Substantial (orange)	Twice every 7 days	<ul style="list-style-type: none">• Curative• RT-PCR with commercial lab• RT-PCR at DPHL if agreement exists• POC
High (red)	Twice every 7 days	<ul style="list-style-type: none">• Curative• RT-PCR with commercial lab• RT-PCR at DPHL if agreement exists• POC

Consideration: Outside of DPH guidance, facilities may choose to increase testing frequency for certain staff members (i.e. staff living in a county with a higher positivity rate). DPH will provide Curative testing kits to all facilities who elect to continue testing their staff up to a maximum allowed frequency of one Curative test per individual per week. Beyond Curative testing, the decision to increase testing frequency and associated processing fees are the responsibility of the facility.

Facilities should check the county COVID-19 Level of Community Transmission at least once a week and continue with prescribed schedule for a minimum of two weeks since the highest Level of Community Transmission date.

State Health Operations Center (SHOC) will email each Monday the accurate community transmission ranking in each Delaware county and the prescribed minimum required testing frequency for all facilities in each county.



Routine Testing for Residents

Routine testing of fully vaccinated residents is not recommended.

Testing Frequency	Test Options
Offer monthly testing to <u>unvaccinated residents</u>	<ul style="list-style-type: none">• POC• RT-PCR using Division of Public Health Lab (DPHL) or private lab

Consideration: Outside of DPH guidance, facilities may choose to increase testing frequency for certain residents (i.e., regular medical appointments such as chemotherapy or dialysis). This decision and associated processing fees are the responsibility of the facility.

II. Testing of SYMPTOMATIC Facility Staff and Residents for COVID-19

Staff with symptoms or signs of COVID-19, vaccinated or not vaccinated, must be tested immediately and are expected to be restricted from the facility pending the results of COVID-19 testing.

Residents who have signs or symptoms of COVID-19, vaccinated or not vaccinated, must be tested immediately. While test results are pending, residents with signs or symptoms should be placed on transmission-based precautions (TBP) in accordance with [CDC guidance](#).

	Test Options	Pending results	Results
Symptomatic facility staff	<ul style="list-style-type: none">• POC• RT-PCR using DPHL• RT-PCR (using commercial lab, Curative, etc.)	Restrict from facility	<p>Positive – Exclude from work and refer to DPH guidance for return to work</p> <p>Negative – Exclude from work until cleared using DPH guidance for Management of Persons with Suspected COVID-19 Exposure, Discontinuation of Home Isolation and Return to Work. Consider diagnostic testing for other respiratory infections.</p>



			Strongly consider confirmatory PCR if previous test used was antigen POC, at provider discretion.
Symptomatic Residents	<ul style="list-style-type: none">• POC• RT-PCR using DPHL• RT-PCR (commercial lab, etc.)	Isolate and implement CDC guidance on TBP	Positive – Refer to DPH guidance for discontinuation of TBP Negative – implement TBP while symptoms last, repeat test after a minimum of 36 hours Strongly consider confirmatory PCR if previous test used was antigen POC, at provider discretion. Consider diagnostic testing for other respiratory infections.

III. Testing of individuals with a HIGHER-RISK EXPOSURE and Residents who had a CLOSE CONTACT with COVID-19 Positive Case

The Division of Public Health Epidemiologists will make determination about individuals with a higher-risk exposure and residents with close contact and will provide direction on testing, quarantine and isolation as deemed necessary.

- **“Higher-risk exposure”** refers to exposure of an individual’s eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if present in the room for an aerosol-generating procedure or when staff do not wear adequate PPE during care or interaction with an individual.
- **“Close contact”** refers to someone who has been within 6 feet of a COVID-19 positive person for a cumulative total of 15 minutes or more over a 24-hour period.
- Asymptomatic staff with a [higher-risk exposure](#) and residents with [close contact](#) with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure.
- Testing is not recommended for people who have had SARS-CoV-2 infection in the last 90 days if they remain asymptomatic, including if they have had close contact or a higher-risk exposure; this is because some people may be non-infectious but have detectable virus from their prior infection during this period.



	Test Options	Time of Test	Results
Higher-risk Exposure Staff	<ul style="list-style-type: none">• POC• RT-PCR using DPHL• RT-PCR (using commercial lab, Curative, etc.)	Two tests: <ul style="list-style-type: none">- First test no earlier than 2 days after exposure- Second test 5-7 days after exposure	Positive – Exclude from work and refer to DPH guidance for return to work Negative and fully vaccinated – monitor for symptoms, wear face covering for 14 days. Negative and unvaccinated – exclude from work for 14 days and monitor for symptoms*
Close Contact Residents	<ul style="list-style-type: none">• POC• RT-PCR using DPHL• RT-PCR (commercial lab, etc.)	Two tests: <ul style="list-style-type: none">- First test no earlier than 2 days after exposure- Second test 5 -7 days after exposure	Positive – Refer to DPH guidance for discontinuation of TBP Negative and fully vaccinated – wear face covering for a minimum of 7 days Negative and unvaccinated – quarantine for 14 days; staff who provide direct care services to use full PPE

*If staffing shortage are occurring, facilities may need to implement [Crisis Capacity Strategies](#) to continue to provide care.

IV. Testing of Facility Staff and Residents in Response to an OUTBREAK

The Division of Public Health Epidemiologists will make determination about outbreak in the facility and will provide direction on testing, quarantine and isolation as deemed necessary.

Outbreak: A single new COVID-19 infection in any facility staff or any LTC-onset COVID-19 infection in a resident. In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further viral transmission.

LTC-Onset: A COVID-19 case that originated in the long-term care facility, and not cases where the long-term care facility admitted individuals with a known COVID-19



positive status, or unknown COVID-19 status, but became COVID-19 positive within 14 days after admission.

Facilities have the option to perform outbreak testing through two approaches, **focused testing** (close contact tracing) or **broad-based testing** (e.g. facility-wide). If the facility has the ability to identify close contacts of the individual with COVID-19, they could choose to conduct focused testing based on known close contacts. If a facility does not have the expertise, resources, or ability to identify all close contacts, they should instead investigate the outbreak at a facility-wide or group-level (e.g., unit, floor, or other specific area(s) of the facility).

Broad-based testing might be required if the facility is directed to do so by the Division of Public Health in situations where all potential contacts are unable to be identified, are too numerous to manage, or when contact tracing fails to halt transmission.

“**Close contact**” refers to someone who has been within 6 feet of a COVID-19 positive person for a cumulative total of 15 minutes or more over a 24-hour period.

****Outbreak Testing** should begin immediately. For the initial round of outbreak testing, the long-term care facility must include all identified staff, regardless of vaccination status. Identified staff (close contact or facility-wide) who are in the facility at the time of the notification of the positive COVID test and any staff that enter the facility must be tested within the 24 hours. For the next 7 days, all remaining identified staff that were not tested within the first 24 hours must be tested upon entrance to the facility. In addition, all residents must be offered a COVID-19 test within 24 hours of the notification of the positive COVID test.

	Test Options	Frequency	Pending results	Results
Facility Staff If using focused testing, test identified staff If using broad-based testing, test all staff	<ul style="list-style-type: none">• POC*• Curative• RT-PCR (using commercial lab)	Upon identification of first positive case in an outbreak, test immediately and then every 7 days**	Continue working and monitoring for symptoms	Positive – Exclude from work and refer to DPH guidance for return to work Negative – Retest staff until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.



Residents If using focused testing, test identified residents If using broad-based testing, test all residents	<ul style="list-style-type: none">• POC*• RT-PCR (using commercial lab)	Upon identification of a positive case, test immediately and then every 7 days**	Implement full PPE for facility or create a COVID unit with designated staff	Positive – Isolate and refer to DPH guidance for discontinuation of TBP Negative – Retest residents until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.
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*If [antigen testing](#) is used, more frequent testing (every 3 days), should be considered.

Residents (or resident representatives) may exercise their right to decline COVID-19 testing in accordance with the requirements under 42 CFR § 483.10(c)(6). In discussing testing with residents, staff should use person-centered approaches when explaining the importance of testing for COVID-19. Facilities must have procedures in place to address residents who refuse testing. Procedures should ensure that residents who have signs or symptoms of COVID-19 and refuse testing are placed on TBP until the criteria for discontinuing TBP have been met. If outbreak testing has been triggered and an asymptomatic resident refuses testing, the facility should be extremely vigilant, such as through additional monitoring, to ensure the resident maintains appropriate distance from other residents, wears a face covering, and practices effective hand hygiene until the procedures for outbreak testing have been completed.

All LTC facilities must have evidence on file that all unvaccinated, asymptomatic residents were offered COVID-19 testing on a monthly basis, as recommended by DPH. Optional form to be used for documentation: [Long-Term Care Residents Consent Declination Form](#)

New Admissions/Re-admissions/Visits Outside the Facility

All unvaccinated residents must quarantine for 14 days upon admission, re-admission or return from a visit outside the facility as described in the [COVID-19 -Reopening-Plan](#) regardless of test results.



REPORTING

- 1.) CMS Certified Facilities must continue to report COVID-19 information to the CDC's National Health care Safety Network (NHSN), in accordance with 42 CFR § 483.80(g)(1)-(2). See "Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes," CMS [Memorandum QSO-20-29-NH \(May 6, 2020\)](#).
- 2.) All providers or testing sites must report data and results for ALL COVID-19 diagnostic and screening testing completed. This includes point-of-care molecular, antigen and antibody testing for each individual tested. This data must be reported daily, within 24 hours of having received the test results, to NHSN or DPH. Additional information regarding reporting of tests sent to outside laboratories can be requested through Dhss_Dph_CSVreporting@delaware.gov. Additional information regarding the reporting of point-of-care testing (including antigen testing), which includes a link to the point-of-care test reporting portal, can be requested through DHSS_DPH_RedcapAccess@delaware.gov
- 3.) For any confirmed positive case or person under investigation, notify LTCFresponse@delaware.gov within 24 hours of test date or date when placed under investigation.
 - a. Daily COVID-19 Positive Cases Line list submissions are required for the duration of an outbreak at a facility.